FCC For	m 481 - Carrier Annual Reporting Data Collection Form	TED - FOR PUBLIC		OMB Control No. 3060- July 2013	0986/OMB Control No. 3060-08
<010>	Study Area Code	143331		Accord	ed / Filed
<015>	Study Area Name	NORTHLAND TEL. CO-	VT	- Accept	ou / Filed
<020>	Program Year	2016		1111	90015
<030>	Contact Name: Person USAC should contact with questions about this data	Barbara Galardo		JUN	3 U ZU1 5
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2075354126 ext.			nications Commission the Secretary
<039>	Contact Email Address: Email of the person identified in data line <030>	bgalardo@fairpoint	.com		
ANNUA	L REPORTING FOR ALL CARRIERS				54.313 54.44 Completion Complete Required Requi
<100>	Service Quality Improvement Reporting		(complete attached wa	rksheet)	
<200>	Outage Reporting (voice)		(complete attached wa	rksheet)	1 1
<210> <300>	check box if no Unfulfilled Service Requests (voice)	outages to report			1 11111
<300>	Unfullilled Service Requests (Voice)	-			
<310>	Detail on Attempts (voice)				
				attach descriptive de	ocument)
<320>	Unfulfilled Service Requests (broadband)				
-220-	Datail on Attempts (broadhand)				1
<330>	Detail on Attempts (broadband)			(attach descriptive o	document)
<400>	Number of Complaints per 1,000 customers (voice)				
<410>	Fixed				1 1
<420> <430>	Mobile 0.0 Number of Complaints per 1,000 customers (broad)	hand)			- Increases
<440>	Fixed				
<450>	Mobile 0.0 Service Quality Standards & Consumer Protection R	ulas Complianca	10 W MENE 2	02000 10	
<500>	143331VT510.pdf	dies compliance	(check to indicate cert	tification)	
<510>			(attached description	ve document)	1 1
	1		1		
<600>	Functionality in Emergency Situations		(check to indicate cert	tification)	
10002	143331VT610.pdf			ауссиону	
			(attached descriptive d	locument)	/ /
<610>			1		
<700>	Company Price Offerings (voice)		(complete attached w	orksheet)	1881
<710>	Company Price Offerings (broadband)		(complete attached w	orksheet)	
<800>	Operating Companies and Affiliates		(complete attached w	orksheet)	0.000
<900>	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Certification		if yes, complete attached w	orksheet)	
<1000>	1010 Voice Service Rate Comparability.pdf		Yes		
	SD: 20,000		fatturk desertation de		- NAME
<1010			(attach descriptive de	cumenty	
<1100	Certify whether terrestrial backhaul options exist (Yes or No) ((if not, check to indic	cate certification)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<1110>	Company appears on a recommendation of	1987 M	(complete attached w	orksheet)	ALL!
<1200>	Terms and Condition for Lifeline Customers		(complete attached w	orksheet)	William 1
	Price Cap Carriers, Proceed to Price Cap Additional	majada majada Sarata sa maja			
<2000>	Including Rate-of-Return Carriers affiliated with Pr	rice Cap Local Exchang	ge Carriers (check to indicate cert	dification)	1
<2005>			(complete attached w		1
~3000·	Rate of Return Carriers, Proceed to ROR Additional	Documentation Wor		Hillians I and	No.
<3000>			(check to indicate cert (complete attached w	전환화병하.	1777

	ervice Quality Improvement Reporting Ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	143331	
<015>	Study Area Name	NORTHLAND TH	TEL. CO-VT
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Gal	alardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126	ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fa	fairpoint.com
<110>	Has your company received its ETC certification from the FCC?	(ye	yes / no) O •
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(ye	yes/no) O O
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	112 Service Quality Improvement Reporting 2015.pdf
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		Not Applicable
<114>	Report how much universal service (USF) support was received		Not Applicable
<115>	How much (USF) was used to improve service quality and how support was used to impro	ve service qualit	Not Applicable
<116>	How much (USF) was used to improve service coverage and how support was used to improve	rove service cov	overage Not Applicable
<117>	How much (USF) was used to improve service capacity and how support was used to improve		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		Not Applicable

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
如此中国的中国的一种企图,不是一种一种,可以是一种的一种,但是一种的一种的一种,也是一种的一种,也可以是一种的一种的一种。 第一章	July 2013

<010>	Study Area Code	143331
<015>	Study Area Name	NORTHLAND TEL. CO-VT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

<220>

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
								-			
								-			
								-			
								+			

Offerings including Voice Rate Data tion Form	FCC Form 481. OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
tudy Area Code	143331
tudy Area Name	NORTHLAND TEL, CO-VT
rogram Year	2016
Contact Name - Person USAC should contact regarding this data	Barbara Galardo
ontact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
ontact Email Address - Email Address of person identified in data line <030>	bgalardo#fairpoint.com
ti ti	udy Area Code udy Area Name ogram Year ontact Name - Person USAC should contact regarding this data ontact Telephone Number - Number of person identified in data line <030>

<702> Single State-wide Residential Local Service Charge

	cal>	or <a2≥< th=""><th>(a3>)</th><th><b1></b1></th><th>(b2></th><th><b3></b3></th><th><ba><ba><ba><ba><ba><ba><ba><ba><ba><ba></ba></ba></ba></ba></ba></ba></ba></ba></ba></ba></th><th> </th><th>· · ·</th></a2≥<>	(a3>)	<b1></b1>	(b2>	<b3></b3>	<ba><ba><ba><ba><ba><ba><ba><ba><ba><ba></ba></ba></ba></ba></ba></ba></ba></ba></ba></ba>	 	· · ·
s	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
					See at	tached worksheet			
					L				

Data Coll	padband Price Offerings lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	143331
<015>	Study Area Name	NORTHLAND TEL. CO-VT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

<711>

	<al></al>	<a2> <a2> <a2> <a> <a> <a> <a> <a> <a> <a> <a> <a> <a< th=""><th><b1></b1></th><th><b2></b2></th><th><∞</th><th><d1></d1></th><th><d2></d2></th><th><d3></d3></th><th><d4></d4></th></a<></a2></a2></a2>	<b1></b1>	<b2></b2>	<∞	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
1000									
The second second				- See attac	hed				
				worksheet -					
į									

	erating Companies ection Form		FCC Form 481. OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		143331
<015>	Study Area Name		NORTHLAND TEL. CO-VT
<020>	Program Year		2016
<030>	Contact Name - Person	USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Nur	mber - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>		bgalardo*fairpoint.com
<810>	Reporting Carrier	FairPoint Vermont, Inc.	
<811>	Holding Company	FairPoint Communications, Inc.	
<812>	Operating Company	FairPoint Vermont, Inc.	

<813>	Cal>	<a2></a2>	<a3> <a3> <a3> <a3> <a3> <a3> <a3> <a3></a3></a3></a3></a3></a3></a3></a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
)			
i	0		
-	See atta	ched worksho	eet

THE RESERVE OF THE PARTY OF THE	oal Lands Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010> <015> <020> <030> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Tribal Land(s) on which ETC Serves	NORTHLAND TEL. CO-VT 2016 Barbara Galardo 2075354126 ext. bgalardo@fairpoint.com	=======================================
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes im the status described on the attached document(s), on line 920,		
demons	trates coordination with the Tribal government pursuant to	Select es or No or	
§ 54.313	(a)(9) includes:	ot Applicable	
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.		
<922>	Feasibility and sustainability planning;		
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
<927>	Compliance with Environmental Review processes		
<928>	Compliance with Cultural Preservation review processes		
<929>	Compliance with Tribal Business and Licensing requirements.		

LOW STREET SHOP	o Terrestrial Backhaul Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> <015> <020>	Study Area Code Study Area Name Program Year	143331 NORTHLAND TEL. CO-VT 2016
<030> <035>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	Barbara Galardo 2075354126 ext.
<039> <1120>	Contact Email Address - Email Address of person identified in data line <030> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	bgalardo@fairpoint.com
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps

Lifeline	rms and Condition for Lifeline Customers	A Marine	FCC Form 481 OMB Control No. 3060-0986/OMB	819
<010>	Study Area Code		143331	
<015>	Study Area Name		NORTHLAND TEL, CO-VT	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding this data		Barbara Galardo	
<035>	Contact Telephone Number - Number of person identified in data lin	ne <030>		
<039>	Contact Email Address - Email Address of person identified in data li	ine <030>	> bgalardo@fairpoint.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		143331VT1210.pdf	
<1220>	Link to Public Website	нттр	Name of Attached Document www.tariffs.net/fairpoint/tier.asp?cid+1644	
or the web	eck these boxes below to confirm that the attached document(s), on line 1 osite listed, on line 1220, contains the required information pursuant to a)(2) annual reporting for ETCs receiving low-income support, carriers must eport:	1		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	1		
<1222>	Details on the number of minutes provided as part of the plan,	/		
<1223>	Additional charges for toll calls, and rates for each such plan.			

Data Colle	ce Cap Carrier Additional Documentation ection Form Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 It July 2013
<010>	Study Area Code	
<015>	Study Area Name	143331
<020>	Program Year	MORTHLAND TEL. CO-VT
<030>	Contact Name - Person USAC should contact regarding this data	2016
	Contact Telephone Number - Number of person identified in data line <030>	Barbara Galardo
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalargomrairpoint.com
		a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, an mation reported on this form and in the documents attached below is accurate.
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)i}	Yes
<2011a>	3rd Year Certification (47 CFR § 54.313(b)(1)ii)	
<2011b>	Attachment {47 CFR § 54.313(b)(1)ii}	
		Name of Attached Document(s) Listing Required Information
<2012> <2013> <2014> <2015>	Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)} 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)} 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)} 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)} 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}	Yes
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
<2016>	Certification Support Used to Build Broadband	Not Applicable
<2017> <2018> <2019>	Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification	
<2020>	Please check the box to confirm that the attached document(s), on lin pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support sl addresses of community anchor institutions to which began providing preceding calendar year.	hall provide the number, names, and
<2021>	Interim Progress Community Anchor Institutions	

(3000) Ra	its Of Return Carrier Additional Documentation	THE PROPERTY OF THE PARTY OF	FCC Form 481	G T T	
	ection Form	企业		3060-0986/OMB Control No. 3	060-0819
		CARLOR BURNER	July 2013		
10 222	2.71.24				
<010>	Study Area Code Study Area Name	143331 NORTHLAND TEL. CO-VT			
<020>	Program Year	2016			5-11
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo			
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	2075354126 ext.			
- Initia	THE RESERVE OF THE ANGEST OF THE PARTY OF TH	bgalardo@fairpoint.com	26075 C 10075 T C 10		
CHECK t	he boxes below to note compliance on its five year service quality plan (pursuant	to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring com information reported on this form and in the documents attached by		nancial reporting requirements s	et forth in 47
	trick a 34-272/1/21. I turning reality that the	amormation reported on this form and in the documents attached t	DEJOW IS ACCURAGE.	1	
(3010)	Progress Report on 5 Year Plan	1		[
	Milestone Certification (47 CFR § 54.313(f)(1)(i))			l	
		Name of Attached Document Listing Required Information	n	TV	
(3011)	Please check this box to confirm that the attached document(s), on line 30 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addres providing access to broadband service in the preceding calendar year.				
		[
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	l .	1		
		Name of Attached Document Listing Required Information	$\overline{}$		
(3013) (3014)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No) (Yes/No)	8		
Please	check these boxes to confirm that the attached document(s), on line 3017,	contains the required information pursuant to 6 54.313(f)(2) or	ompliance require-	s:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for	1			
(2012)	Telecommunications Borrowers)	31			
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Casi	h Flows		ž.	
				1	
(3017)	If the response is yes on line 3014, attach your company's RUS annual	1		1	
	report and all required documentation	1		Į.	
		Name of Attached Document Listing Required Information	_	,	
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No) [O[\mathbf{O}		
N S	If the response is yes on line 3018, please check the boxes below to		37 (7 d d d d d d d d d d d d d d d d d d		
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains				
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a for	mat comparable to RUS Operating Report for Telecommunications			
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cast	sh Flows			
(3021)	Management letter and audit opinion issued by the independent certified pub	Nic accountant that performed the company's financial audit			
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:				
(3022)	Copy of their financial statement which has been subject to review by an	Set .			
(note)	independent certified public accountant; or 2) a financial report in a	Ц			
	format comparable to RUS Operating Report for Telecommunications				
12888227	Borrowers,	1			
(3023)	Underlying information subjected to a review by an independent certified public accountant		\equiv		
(3024)	Underlying information subjected to an officer certification.	ŀ	1		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cas	h Flows			
(3026)	Attach the worksheet listing required information		1		
(SOZO)	The second of the second secon		- 1		
	1		- 1		
	_	Name of the state			

ate Of Return Carrier Additional Documentation (Continued)	FCCForm 481
lection Form	OMB Control No. 3060-0985/OMB Control No. 3060-0819
	July 2013
Study Area Code	143331
Study Area Name	NORTHLAND TEL, CO-VT
Program Year	2016
Contact Name - Person USAC should contact regarding this data	Barbara Galardo
Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	143331
<015>	Study Area Name	NORTHLAND TEL. CO-VT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

l certify that I am an officer of the reporting carrier; my responsit recipients; and, to the best of my knowledge, the information rep	ilities include ensuring the accuracy of the annual reporting requirements for universal service support torted on this form and in any attachments is accurate.
Name of Reporting Carrier: NORTHLAND TEL. CO-VT	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/23/2015
Printed name of Authorized Officer: Mike Skrivan	
Title or position of Authorized Officer: Vice President Regula	story
Telephone number of Authorized Officer: 2075354150 ext.	
Study Area Code of Reporting Carrier: 143331	Filing Due Date for this form: 07/01/2015

344066510(1709)	ction - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	143331
<015>	Study Area Name	NORTHLAND TEL. CO-VT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carr
also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	consibilities include ensuring the accuracy of the annual data reporting requirements provided to the authoriz provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	orized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
맛이 가는 나라면 내가 되어요요? 그런 하는 하면 하면 하면 하는데	to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provide ng carrier; and, to the best of my knowledge, the information reported herein is accurate.
lame of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
ignature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Ag	
itudy Area Code of Reporting Carrier:	Filing Due Date for this form:

Attachments

Data Coll	ce Offerings including Voice Rate Data	ECC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
della restance		ANY COAD
<010>	Study Area Code	143331
<015>	Study Area Name	NORTHLAND TEL. CO-VT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com
<701>	Residential Local Service Charge Effective Date 1/1/2015	
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1></a1>	482> ×82>	<a3></a3>	 		 	<64>		40 °
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
VT	Alburg VT		MS	16.59				
VT	Cabot VT		мѕ	16.59				
VT	Groton VT		MS	16.59				
VT	Isle Lamotte VT		MS	16.59				
VT	Marshfield VT		MS	16.59				
VT	Montgomery VT		MS	16.59				
VT	Peacham VT		MS	16.59				
VT	West Newbury VT		MS	16.59				

SATISFACTOR OF THE SATISFACTOR O	adband Price Offerings	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
推通		July 2013
<010>	Study Area Code	143331
<015>	Study Area Name	NORTHLAND TBL. CO-VT
<020>	Program Year	2016

2075354126 ext.

bgalardo@fairpoint.com

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

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	State	Exchange (ILEC)	Residential	State Regulated		Broadband Service - Download Speed		Usage Allowance	
_			Rate	Fees		(Mbps)	-Upload Speed (Mbps)	(GB)	
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PHIS 11 (TAY 1.54)	oadband Price Offerings lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	143331
<015>	Study Area Name	NORTHLAND TEL. CO-VT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> bgalardo@fairpoint.com

	<a1></a1>	%a2>	 	 	<c> <d1></d1></c>	<d2></d2>	<d3></d3>	AT ACE THE	<d45< th=""></d45<>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees		Broadband Service -		Usage Allowance (GB)	
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Data Coll	erating Companies lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		143331	
<015>	Study Area Name		NORTHLAND TEL. CO-VT	
<020>	Program Year		2016	
<030>	Contact Name - Person L	JSAC should contact regarding this data	Barbara Galardo	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	2075354126 ext.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	bgalardo@fairpoint.com	
<810>	Reporting Carrier	FairPoint Vermont, Inc.		
<811>	Holding Company	FairPoint Communications, Inc.		
<812>	Operating Company	FairPoint Vermont, Inc.		

> NAME OF THE OWNER OWNER OF THE OWNER	<a2></a2>	<a> <a> <a> <a> <a> <a> <a> <a> <a> <a>
Affiliates	SAC	Doing Business As Company or Brand Designation
Bentleyville Communications Corporation	170145	dba FairPoint Communications Inc.
Berkshire Cable Corp.		dba FairPoint Long Distance
Berkshire Cellular, Inc.		
Berkshire New York Access, Inc.		
Berkshire Telephone Corporation	150073	dba FairPoint Communications Inc.
Big Sandy Telecom, Inc.	462192	dba FairPoint Communications Inc.
Bluestem Telephone Company	411835	dba FairPoint Communications Inc.
Chautauqua & Erie Communications, Ltd		
Chautauqua & Erie Communications, Inc.		dba FairPoint Long Distance
Chautauqua and Erie Telephone Corporation	150078	dba FairPoint Communications Inc.
China Telephone Company	100004	dba FairPoint Communications Inc.
Chouteau Telephone Company	431981	dba FairPoint Communications Inc.
Columbine Telecom Company	462204	dba FairPoint Communications Inc.
Columbus Grove Telephone Co.	300604	dba FairPoint Communications Inc.
COM Networks, Inc.		
Comerco, Inc.		dba FairPoint Long Distance
Community Service Telephone Co	100015	dba FairPoint Communications Inc.
C-R Communications, Inc.		
C-R Long Distance, Inc.		dba FairPoint Long Distance
C-R Telephone Company	341009	dba FairPoint Communications Inc.
El Paso Long Distance Company		dba FairPoint Long Distance
El Paso Telephone Company	341004	dba FairPoint Communications Inc.
Ellensburg Telephone Company	522412	dba FairPoint Communications Inc.

SECTION OF SECTION	erating Companies lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	143331	
<015>	Study Area Name	NORTHLAND TEL. CO-VT	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com	
<810>	Reporting Carrier FairFoint Vermont, Inc.		
<811>	Holding Company FairPoint Communications, Inc.		

FairPoint Vermont, Inc.

<812> Operating Company

<813>	<a2></a2>	ca3x The Canal Control of the Contro
Affiliates	SAC	Doing Business As Company or Brand Designation
Elltel Long Distance Corp.		dba FairPoint Long Distance
Enhanced Communications of Northern New England Inc.		
ExOp of Missouri Inc.		
FairPoint Broadband, Inc.		
FairPoint Business Services LLC		
FairPoint Carrier Services, Inc.		
FairPoint Communications Missouri, Inc.	421472	dba FairPoint Communications Inc.
FairPoint Logistics, Inc. (f/k/a MJD Capital Corp.)		
FairPoint Vermont, Inc. (TG)	143331	dba FairPoint Communications Inc.
Germantown Independent Telephone Company	300618	dba FairPoint Communications Inc.
Germantown Long Distance Company		dba FairPoint Long Distance
GTC, Inc.	210291	(Florala) dba FairPoint Communications Inc.
GTC, Inc.	210329	(Perry) dba FairPoint Communications Inc.
Maine Telephone Company, INC	100025	dba FairPoint Communications Inc.
Marianna Scenery Hill Telephone Company	170185	dba FairPoint Communications Inc.
Marianna Tel., Inc.		
MJD Services Corp.		
MJD Ventures, Inc.		
Northern New England Telephone Operations LLC (NNE)	125113	dba FairPoint Communications Inc.
Northern New England Telephone Operations LLC (NNE)	105111	dba FairPoint Communications Inc.
Northland Telephone Company of Maine, Inc.	103313	dba FairPoint Communications Inc.
Odin Telephone Exchange, Inc	341065	dba FairPoint Communications Inc.
Orwell Communications, Inc.		dba FairPoint Long Distance

(800) Op	erating Companies		FCC Form 481
Data Col	lection Form	M. O. L. B.	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		表的 是,你是 《新歌》是是《 的智 》之程,他	July 2013
<010>	Study Area Code		143331
<015>	Study Area Name		NORTHLAND TEL, CO-VT
<020>	Program Year		2016
<030>	Contact Name - Person I	JSAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	bgalardo@fairpoint.com
<810>	Reporting Carrier	FairPoint Vermont, Inc.	
<811>	Holding Company	FairPoint Communications, Inc.	
<812>	Operating Company	FairPoint Vermont, Inc.	

<813> Ca1>	<82>	<93>
Affiliates	SAC	Doing Business As Company or Brand Designation
Orwell Telephone Company	300649	dba FairPoint Communications Inc.
Peoples Mutual Long Distance		
Peoples Mutual Telephone Co	190244	dba FairPoint Communications Inc.
Quality One Technologies, Inc.		dba FairPoint Long Distance
Ravenswood Communications, Inc.		
Sidney Telephone Company	103313	dba FairPoint Communications Inc.
ST Enterprises, Ltd.		
ST Long Distance, Inc.		dba FairPoint Long Distance (Kansas, Colorado, Oklahoma
St. Joe Communications, Inc.	210339	dba FairPoint Communications Inc.
Standish Telephone Company, INC	100025	dba FairPoint Communications Inc.
Sunflower Telephone Co	461835	dba FairPoint Communications Inc.
Taconic Technology Corp.		
Taconic TelCom Corp.		dba FairPoint Long Distance
Taconic Telephone Corp.	150084	dba FairPoint Communications Inc.
Telephone Operating Company of Vermont LLC (NNE)	145115	dba FairPoint Communications Inc.
UI Long Distance, Inc.		dba FairPoint Long Distance
Utilities, Inc.		dba FairPoint Communications Inc.
YCOM Networks, Inc.	522453	dba FairPoint Communications Inc.

FCC Form 481

Line 112- Service Quality Improvement Reporting {47 CFR 54.313(a)(1)}

1. In the FCC's Public Notice DA 14-951, released May 1, 2014, the FCC waived the requirement for price cap ETCs to file a five-year plan. The bureau stated that "until the [Connect America Phase II forward-looking] cost model is adopted and incumbents have the opportunity to accept a state-level commitment, it does not serve the public interest" to require price cap ETCs to file five-year plans.¹

¹ Connect America Fund et al. WC Docket No. 10-90 et al., Order, 28 FCC Rcd 2051, 2054, para. 8 (Wireline Comp. Bur. 2013) (ETC Reporting Requirements Order).

Form 481 Line 1210- Terms & Conditions for Lifeline Customers

FairPoint Vermont, Inc. provides a Lifeline Program discount for residence service for eligible low income customers. The Lifeline Program discount is applied to any month to month residence local service, package or bundle offering. The discount is intended to offset the Subscriber Line Charge and local line charge, although eligible packages and bundles may have toll calling included in the pricing for the offering.

The Catalog pages outlining the terms of the Lifeline Program in FairPoint Vermont, Inc. are attached. The terms and conditions of residential basic local exchange service, package and bundle offerings can be found at http://www.tariffs.net/fairpoint/tier.asp?cid=1644.

Form 481 Line 1210- Terms & Conditions for Lifeline Customers

Vermont Catalog FairPoint Vermont, Inc. d/b/a FairPoint Communications Section 4 Page 3 Original

LOCAL EXCHANGE SERVICE

2. Reserved for Future Use

Lifeline Telephone Service

- A. Residential customers that qualify for Lifeline telephone rates, as established by the Public Service Board per 30 V.S.A. § 218 (c), will have a reduction equal to 50% off the basic monthly service charge, provided that in no event the amount of the monthly credit exceeds the monthly basic service charge and provided further that in no event shall the amount of the monthly credit be less than the amount of the monthly credit in effect (\$7.00).
- B. Eligible customers receiving the Lifeline credit will not be charged the End User Common Line Charge (EUCL), as per FairPoint Tariff FCC No. 2.
- C. This service is restricted to residential subscribers. To qualify for Lifeline service rates, a subscriber must be deemed eligible by the Vermont Agency of Human Services. The Vermont Agency of Human Services will determine eligibility in accordance with existing income based programs and will provide the telephone company with a list of the telephone numbers of eligible participants within each local exchange. The list will be updated monthly and reconciled quarterly. Seasonal customers are non-eligible for Lifeline Service.
- A Lifeline service customer may voluntarily choose to block toll calls and access to interexchange carriers. Blocking is provided to a Lifeline customer without charge.
- E. When an eligible customer with BLES local service that receives the Lifeline credit becomes delinquent in their payment, including toll charges, the Telephone Company shall place a mandatory toll block on the customer's line without charge; and a payment agreement negotiated to reduce the delinquent balance. When the balance of the agreement is satisfied, the customer has the option to remove or maintain the toll block without charge. Non-BLES Lifeline customers may be disconnected for non-payment of toll service.

Form 481 Line 1210- Terms & Conditions for Lifeline Customers

Vermont Catalog FairPoint Vermont, Inc. d/b/a FairPoint Communications Section 4 Page 4 Original

LOCAL EXCHANGE SERVICE

- 3. Lifeline Telephone Service (Cont'd)
 - F. Customers eligible for Lifeline credit shall not be charged a deposit to initiate service provided the customer voluntarily elects to receive toll blocking. A Lifeline customer who refuses toll blocking may be charged a deposit to initiate service.
 - G. Proof of eligibility for the Lifeline rate is provided to the Company by the Vermont Agency of Human Services. All questions of eligibility should be directed to the Vermont Agency of Human Services.
 - H. The Company will reconcile quarterly the list of eligible telephone numbers within each local exchange. If a subscriber is identified as being ineligible, Lifeline rate treatment will be discontinued. The Company will not be held liable for errors in the identification of eligible customers. It's liability will be limited to reasonable and prudent handling of the information provided by Vermont Agency of Human Services.
 - Effective April 1, 2012, Lifeline customers will no longer receive federal assistance known as Link-Up toward installation of their network access line.